# Commonwealth of Kentucky
## SOLICITATION

**Addenda:** No  
**Addenda #:**

<table>
<thead>
<tr>
<th><strong>TITLE:</strong> Medicaid Managed Care Organization (MCO) - All Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date Issued:</strong> 1/10/20</td>
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<tr>
<td><strong>Record Date:</strong> 2020-01-10</td>
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<td><strong>Solicitation Closes</strong></td>
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<tr>
<td><strong>Date:</strong> 2/7/20</td>
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<tr>
<td><strong>Time:</strong> 15:30</td>
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<td><strong>Solicitation No:</strong></td>
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<td><strong>RFP:</strong> 758</td>
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<td><strong>2000000202</strong></td>
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**Online Bidding Prohibited:** Yes

**For Information Call:**  
Amy Monroe  
502-564-4510

**Bid Receiving Location:**  
Finance - Office of Procurement Services  
Bid Clerk  
702 Capitol Ave, Capitol Annex Room 095  
Frankfort  
KY  
40601

**Vendor Customer Number:** 0000098158

**Vendor Name:** Humana Health Plan, Inc.

**Phone Number:** (813) 287-6130

**Fax Number:** Not available

**Email Address:** jbarger3@humana.com

**Ordering**

**Address:** 500 West Main Street (Attn: Laura Shaw)

**City, State, Zip:** Louisville, KY 40202

**Contact Name:** John E. Barger III

**Contact Email:** jbarger3@humana.com

**Contact Phone Number:** (813) 287-6130

**Ownership Type**

| Sole Proprietorship | Partnership | X Corporation | Other |

**Payment**

**Address:** 500 West Main Street (Attn: Laura Shaw)

**City, State, Zip:** Louisville, KY 40202

**Contact Name:** John E. Barger III

**Contact Email:** jbarger3@humana.com

**Contact Phone Number:** (813) 287-6130

**SIGNATURE OF AUTHORIZED AGENT IS REQUIRED UNLESS RESPONSE IS SUBMITTED ELECTRONICALLY. FAILURE TO SIGN SHALL RENDER THE BID INVALID.**

Signature: [Signature]

FEIN#: KRS 61.878(1)(a)  
Date: 1-29-2020

T. Alan Wheatley, President, Retail Segment, Humana

*All offers subject to all terms and conditions contained in this solicitation.*